



STATE OF MAINE
BOARD OF LICENSURE FOR
PROFESSIONAL LAND SURVEYORS
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
(207) 624-8603
FAX (207) 624-8637

DATE RECEIVED

4280-1446-\$50.00
ALL FEES ARE NON-REFUNDABLE

LAND SURVEYOR-IN-TRAINING LICENSE APPLICATION

Qualifying by (check one)

- ☐ 1. SEC. 13905.(1),(A) - College graduate/Baccalaureate degree with core curriculum; written exam.
☐ 2. SEC. 13905.(1),(B) - College graduate/Associate Degree with core curriculum; 2 years surveying experience, written exam.
☐ 3. SEC. 13905.(1),(C) - Completed a minimum surveying core curriculum; 6 years surveying experience; written exam.
☐ 4. SEC. 13905.(1),(D) - Seven years experience in surveying; written exam.
☐ 5. SEC. 13905.(1),(E) - Licensure by endorsement-Licensed LSIT in another jurisdiction under conditions satisfactory to the Board*

****Verification of Licensure from the State Licensing Board from which you received your current license must be forwarded to this Board. Applicant may also be required to provide the Maine Board with the license act governing the state under which he or she received the license.***

NAME OF APPLICANT: _____

SOCIAL SECURITY NO. _____ / _____ / _____ DATE OF BIRTH: _____ / _____ / _____

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

MAILING ADDRESS: _____
BUSINESS NAME

STREET AND NUMBER

CITY OR TOWN

STATE

ZIP CODE

HOME TELEPHONE: () _____ / _____ BUS. TELEPHONE: () _____ / _____

Have you ever been convicted of a crime by any court for any offense other than a minor traffic violation?
☐ Yes ☐ No

If yes, please describe in detail on a separate sheet, the date(s) and crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

OVER ☒

I. GENERAL INFORMATION

1. Are you registered or licensed as a Land Surveyor-In-Training in any other state(s)? ☐ Yes ☐ No
If yes, please give registration or license number (s) _____
Date issued _____ Expire Date _____ State _____
2. Did you qualify by written examination? ☐ Yes ☐ No
If yes, state place, date and length of examination: _____
Was it an NCEES examination? ☐ Yes ☐ No
3. Has your registration or license ever been denied, revoked or suspended for any reason in any other state, country or other licensing jurisdiction? ☐ Yes ☐ No
4. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional misconduct, incompetence or negligence in any other state or country? ☐ Yes ☐ No
5. Are charges pending against you for professional misconduct, unprofessional misconduct, incompetence or negligence in any other state or country? ☐ Yes ☐ No

II. EDUCATION *Please have transcripts sent directly from the educational institutions to this board.*

Institution and Location	No. of Years Attended	Entrance Date	Leaving Date	Diploma or Degree Obtained

III. EMPLOYMENT EXPERIENCE SUMMARY-- PLEASE LIST MOST RECENT WORK FIRST.

WORK UNDER LICENSED SURVEYOR	TITLE OR POSITION	NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	TIME IN LAND SURVEYING
KEY 1			FROM MO/YR TO MO/YR	YEARS MONTHS
KEY 2			FROM MO/YR TO MO/YR	YEARS ONTHS
KEY 3			FROM MO/YR TO MO/YR	YEARS MONTHS
KEY 4			FROM MO/YR TO MO/YR	YEARS MONTHS

III. EXPERIENCE SUMMARY continued....

COMPLETE A VERIFICATION OF EXPERIENCE FORM FOR EACH "KEY" LISTED ABOVE. GIVE COMPLETE AND DETAILED INFORMATION PERTAINING TO TRAINING AND EXPERIENCE INCLUDING DATES AND LENGTHS OF TIME INVOLVED. PLEASE INCLUDE DETAILS OF TYPE AND SCOPE OF LAND SURVEYING. YOU MAY USE PLAIN 8 1/2 x 11 INCH SHEETS AS SUPPLEMENTAL PAGES TO THE FORM IF NECESSARY. EACH PAGE SHOULD BE IDENTIFIED BY "KEY" NUMBER AND SIGNED BY THE APPLICANT **AND** THE ENDORSER.

APPLICANT'S SWORN STATEMENT AND SIGNATURE

I HEREBY CERTIFY THAT THIS APPLICATION AND ANY MATERIAL SUBMITTED WITH IT, CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR LICENSURE IF, UPON INVESTIGATION, THE INFORMATION CONTAINED HEREIN, IS FOUND TO BE MISREPRESENTED OR FALSE. TITLE 32, CHAPTER 121, §13909. AUTHORIZED THE BOARD TO REFUSE TO ISSUE OR RENEW A LICENSE TO ANYONE FOUND GUILTY OF THE PRACTICE OF FRAUD OR DECEIT IN OBTAINING A LICENSE.

SIGNATURE OF APPLICANT

DATE

NOTARY PUBLIC

The above named _____ personally appeared before
PRINT APPLICANT'S NAME
me and being duly sworn according to law deposes and says that the information above set forth is true to the best of his/her knowledge and belief and that this application is made for the purpose of inducing issuance of the license requested.

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Signature of Notary Public

Term of Commission _____

Notary's Printed Name _____

NOTARY SEAL OR STAMP